

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

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BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2018-141-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: DAN L. Rapley Sr.

Telephone: (864) 992-3418

Address: 17 S. Greenwood Ave.  
Ware Shoals, SC 29692

Fax:

Other: (864) 618-0577

Email: rapleylayman@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☒ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☒ Request for Reinstatement
- ☐ Request for Name Change on Certificate

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- ☒ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other:

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OFFICE OF REGULATORY STAFF

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MAR 01 2018

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

2018-141-T

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 2-1-2018

- ☒ E (HHG) - Household Goods  
☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE do not submit annual report.

Check one:

- ☒ New Application  
☐ Amended Scope of Authority

Current Scope:  
(list counties)

Amended Scope:  
(list counties)

Greenwood, SC - Greenville, SC - Laurens SC  
Greenwood, SC - Greenville, SC - Columbia - SC

Dan L. Rapley SR.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

DBA Rapley and Sons Moving Co. (Sole proprietorship)

17 S. Greenwood Ave. Wake Shoals SC 29692

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

(864) 618-0577 - 992-3418

Phone

FAX

rapley.laymon@yahoo.com

Email Address

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2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

## 3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.
- 
- 
- 
- 

## 4. Applicant proposes to operate service as follows: (Check one.)

- ☒ Intrastate Only      ☐ Interstate Only      ☐ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes      ☒ No

*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

## 6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes      ☒ No

*If yes, list dates and nature of convictions below.*

---

## 7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☒ Yes      ☐ No

*If yes, list dates and nature of revocations below.*

*Yes, I don't know the date, because I failed to turn in a yearly report.*

---

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## Financial Statement

Applicant's assets and liabilities are as follows:

### Assets:

Value of Real Estate	<input type="text" value="0"/>
Value of Motor Vehicles	<input type="text" value="0"/>
Cash on Hand	<input type="text" value="0"/>
Cash in Bank	<input type="text" value="0"/>
Value of Other Assets and Equipment	<input type="text" value="0"/>
Total Assets	<input type="text" value="0"/>

### Liabilities:

Mortgage/Loan on Real Estate	<input type="text" value="0"/>
Loans Owed on Motor Vehicles	<input type="text" value="0"/>
Business/Other Loans Owed	<input type="text" value="0"/>
Other Liabilities or Debts	<input type="text" value="0"/>
Total Liabilities	<input type="text" value="0"/>

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secure by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 1.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balance.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.



Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:

Month \_\_\_\_\_ Year \_\_\_\_\_

**Assets:**

Cash	
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
<b>Total Assets *</b>	
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	
<b>Total Liabilities and Equity *</b>	

\* Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

*Hourly rate \$ 225<sup>00</sup>*

## COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

- ☒ Household Goods, as defined in R103-210(1)
- ☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |  |   |                                       |
|-------------------------------------|---------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence              | <input type="checkbox"/> Lee                  | <input type="checkbox"/> Saluda       |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown            | <input checked="" type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg  |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input checked="" type="checkbox"/> Greenville | <input type="checkbox"/> Marion               | <input type="checkbox"/> Sumter       |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input checked="" type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro             | <input type="checkbox"/> Union        |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton               | <input type="checkbox"/> McCormick            | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry                 | <input type="checkbox"/> Newberry             | <input type="checkbox"/> York         |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper                | <input type="checkbox"/> Oconee               |                                       |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw               | <input type="checkbox"/> Orangeburg           | <input type="checkbox"/> Statewide    |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster             | <input type="checkbox"/> Pickens              |                                       |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input checked="" type="checkbox"/> Laurens    | <input type="checkbox"/> Richland             |                                       |

**DESCRIPTION OF EQUIPMENT**

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
<i>No Vehicles</i>			

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ \_\_\_\_\_

Limits \_\_\_\_\_

Cargo Insurance \$ \_\_\_\_\_

Limits \_\_\_\_\_

\* Attach Certificate of Insurance if available.

\_\_\_\_\_  
Name of Insurance Company

*See attached*

\_\_\_\_\_  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Insurance Company Representative's Signature

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).



**NEW BUSINESS QUOTE**

Date Quoted: 02/21/2018

JJAMS Submission Number: 977983

Quote # 1552377 Version # 1 Revision # 1

Insured: DAN L RAPLEY SR

**Johnson & Johnson**

The Experience of the Past with a Vision for the Future

<b>Agency: 800172</b> DAVID A. CROTTS & ASSOCIATES INSURANCE	<b>Underwriter:</b> JENNIFER RIDGILL Direct Phone: (843) 577-1405 jennifer.ridgill@jjins.com	<b>Minimum Earned Premium: 25%</b> <b>NO FLAT CANCELLATIONS</b> <b>Term Length: 12 Months</b> <b>Commission: 10.00%</b>
<b>Applicant Information:</b> DAN L RAPLEY SR 17 S GREENWOOD AVE WARE SHOALS, SC 29692		

**CARRIER AND PREMIUM DISTRIBUTION**

<b>CARRIER(S)</b>	<b>CARRIER</b>
<b>LINE OF BUSINESS</b>	
Trucking	COLUMBIA INSURANCE COMPANY (ADMITTED) (AN ADMITTED A++ CARRIER)
<b>PREMIUM</b>	
<b>COVERAGE PART</b>	<b>PREMIUM WITHOUT TERRORISM</b>
Trucking	\$9,444.00
Total Base Premium	\$9,444.00
Total Amount Due	\$9,444.00

\*Please refer to the attached quote letter for additional Terrorism charges and terms.

**THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT APPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION.****PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.**

To bind coverage, please contact the Commercial Transportation Department at 1-800-487-7565 extension 5015. You do not have binding authority on this account and must speak with an underwriter to bind. A BINDER CONFIRMATION WILL BE SENT TO YOU ONCE YOUR REQUEST IS PROCESSED.

<b>BINDING INSTRUCTIONS</b>	<b>UNDERWRITER NOTES</b>
<b>Full premium or JPF Down Payment and signed finance contract are due at the time of binding.</b>	This quote is based upon the following items. Any changes in these items may change the terms and conditions of this quote.
If bound we will need the following within 10 days:	
<ul style="list-style-type: none"> <li>Completed and signed supplemental application</li> <li>South Carolina Uninsured/Underinsured Selection/Rejection Form</li> </ul>	<ul style="list-style-type: none"> <li>Please review the Terms and Conditions per the attached company quote.</li> </ul>
	<ul style="list-style-type: none"> <li>Subject to no losses</li> <li>Driver history as presented</li> <li>No federal filings</li> <li>All/owned operated units scheduled</li> </ul>

This is not an insurance policy nor an insurance binder. This quote is an indication of insurance premium based on the information provided. This quote is based upon the insurer's agreement to quote and is issued by the undersigned without any liability whatsoever on the insurer. This quote may be withdrawn by the insurer at any time prior to binding.

## Account Summary For Dan L Rapley Sr



Quote #: 7599254

Status: Quoted

Policy Type: TR

Originally Quoted: 2/15/2018 3:37 PM EST  
 Quote Printed: 2/21/2018 10:47 AM EST  
 Proposed Effective: 2/15/2018 12:00 AM EST  
 Proposed Expiration: 2/15/2019 12:00 AM EST

Quoted By: Jennifer Ridgill  
 Johnson & Johnson, Inc.  
 200 Wingo Way, Ste 200  
 Mt. Pleasant, SC 29464  
 Phone - (800) 487-7565  
 Fax - (843) 577-1511  
 jennifer.ridgill@jjins.com

DOT #: Unknown

MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	6,808
7	UM - BIPD	100,000 CSL	96
7	UIM - BIPD	100,000 CSL	96
7	Medical Payments	N/A	N/A
7	Physical Damage	See Specific Unit	1,878
	Total Ins Value	33,900	
	Cargo		566
Total			\$9,444.00

Revision: 71SC2017R03

## Vehicle Information

NICO-Rate Version: 8.4.1.165

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	Al/Lessor	Unit Sub Total
1 2012 FREIGHTLINER (U6889)	6,808	96	96	N/A	1,878	566	N/A	9,444
Comp/Coll	\$33,900	Deductible: 1,000/1,000						
Radius:	Up to 100 Miles							
Cargo Limit:	\$25,000			Cargo Deductible: 1,000				



## Driver Information for Dan L Rapley Sr

NICO-Rate for South Carolina  
Columbia Insurance Company

Quote #: 7599254

Revision: 71SC2017R03

<u>Driver</u>	<u>Date of Birth</u>	<u>License Class</u>	<u>Years Exp.</u>
1 Dan L. Rapley	3/26/1958	All Other	2+
Violations:	1		
Accidents:	2		

NICO-Rate for SC

Columbia Insurance Company

**Cargo Coverage for Dan L Rapley Sr**

Quote #: 7599254  
Deductible: 1,000  
Coverage Form: Broad Form  
Loading/Unloading: Yes

Exclude Theft: No  
Earned Freight: No  
Refrigeration Breakdown: Yes  
Minimum Premium Applies: No

Standard Loading/Unloading Endorsement

**Description:** 12 FREIGHTLINER (U6889)**Vehicle #** 1**Cargo Limit:** \$25,000**Territory:** 29692 (T - 74)**Radius:** Up to 100 Miles**Cargo Premium** \$566

	<u>Percent</u>	<u>Cargo Class</u>	<u>Base Rate</u>	<u>Cofactor</u>	<u>Adjusted Rate</u>
1	100%	Household Goods Moving	844	0.6703	566



Columbia Insurance Company  
National Fire & Marine Insurance Company  
National Liability & Fire Insurance Company

National Indemnity Company  
National Indemnity Company of the South  
National Indemnity Company of Mid-America

Johnson & Johnson, Inc.  
200 Wingo Way, Ste 200  
Mt. Pleasant, SC 29464

## Truck Application

Review the application for accuracy. \* denotes information that needs to be completed.

1. Policy Term 02/15/2018 - 02/15/2019
2. Named Insured Dan L Rapley Sr
- \* 3. DBA \_\_\_\_\_
4. Entity Type ☒ Individual ☐ Partnership ☐ Corporation ☐ Other \_\_\_\_\_
5. Business Phone Number (864) 992-3418 Email Address \_\_\_\_\_
- \* 6. Mailing Address 17 S Greenwood Ave Website \_\_\_\_\_
7. City Ware Shoals State SC Zip 29692
- \* 8. Premises Address \_\_\_\_\_
- \* 9. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- \* 10. ☐ Yes ☐ No Have you ever had insurance with one of the companies listed above?

<b>Coverages</b>	
Liability	\$1,000,000 Combined Single Limit
Uninsured Motorist	\$100,000 Combined Single Limit
Underinsured Motorist	\$100,000 Combined Single Limit

Medical Payments	Not Purchased
------------------	---------------

### Operations

11. Business Description household goods mover
- \* 12. Vehicle Usage \_\_\_\_\_
- \* 13. ☐ Yes ☐ No New Venture? Years experience \_\_\_\_\_
- \* 14. ☐ Yes ☐ No Is this your primary business? If no, explain \_\_\_\_\_
15. ☒ Yes ☐ No Do you haul for hire?
16. ☐ Yes ☒ No Do you haul your own cargo exclusively? If not, who owns it? \_\_\_\_\_
- \* 17. Gross receipts last year \_\_\_\_\_ Estimate for coming year \_\_\_\_\_
18. ☐ Yes ☐ No Do you operate in more than one state? If yes, list states \_\_\_\_\_
- \* 19. What is the largest city entered? \_\_\_\_\_
20. ☐ Yes ☒ No Do you do repossessions?
- \* 21. ☐ Yes ☐ No Do you operate over a regular route? If yes, show towns operated between \_\_\_\_\_
- \* 22. ☐ Yes ☐ No Are you a common carrier?
- \* 23. ☐ Yes ☐ No Are you a contract hauler? If yes, for whom? \_\_\_\_\_
- \* 24. Types of cargo hauled \_\_\_\_\_
- \* 25. ☐ Yes ☐ No Do you haul hazardous materials? If yes, list \_\_\_\_\_
26. ☐ Yes ☒ No Do you pull double trailers?
- \* 27. ☐ Yes ☐ No Do you pull triple trailers?
- \* 28. ☐ Yes ☐ No Do you rent or lease your vehicle to others?
- \* 29. ☐ Yes ☐ No Do you hire any vehicles?

### Loss Experience

- \* 30. ☐ Yes ☐ No Have you ever been declined, canceled or non-renewed for this kind of insurance?  
If yes, explain \_\_\_\_\_
- \* 31. ☐ Yes ☐ No Have you previously had commercial auto insurance?  
If yes, name of prior insurance company \_\_\_\_\_
- \* Number of accidents in the past 3 years \_\_\_\_\_
- \* Include loss runs or provide details of losses \_\_\_\_\_

## Drivers

	Name	Date of Birth	State	License		Experience	
				Number	Type	Type of Unit	# of Years
* 1	Dan L Rapley Sr	03/26/1958	SC	004460464			
2							
3							
4							
5							

	Name	Accidents and Minor Moving Traffic Violations In Past 3 Years				Major convictions (DWI/DUI, hit & run, reckless, driving while suspended/revoked)	
		# of Accidents	Date(s)	# of Violations	Date(s)	Describe conviction	Date(s)
* 1	Dan L Rapley Sr						
2							
3							
4							
5							

\* 32. ☐ Yes ☐ No Are drivers covered by workers compensation?

## Vehicles

	Year, Make, Model VIN	Body Style (Pickup, Wrecker, Rollback, Dump, etc.)	Gross Vehicle Weight (GVW)	Garaging Address	Radius	Annual Mileage	# of Rear Axles	On- Board Safety Devices*
* 1	12012 FREIGHTLINER 1FVACWDU1CDBU6889		45000		100			
2								
3								
4								
5								
6								

\*On-Board Safety Devices: Lane Departure Warning (LDW), Collision Warning (CW), Electronic Stability Control (ESC), or Side Object Detection (SOD) where not required by law

Veh. #	Physical Damage				In-Tow (T) or Cargo (G)			Loss Payee (L) or Additional Insured- Lessor (A) and provide name and address
	Stated Amount**	Comp (C) Spec (S)	C/S Ded.	Collision Ded.	T G	Limit	Deductible	
1	33,900	C	1,000	1,000	G	25,000	1,000	
2								
3								
4								
5								
6								

\*\*Include the value of AVV equipment permanently installed in the vehicle



Cargo	Percent of hauling	Maximum Value	Average Value
* Describe cargo hauled			
Household Goods Moving	100.00	25,000	

Type of Coverage ☒ Broad Form ☐ Named Perils

Additional Coverage Options

☒ Loading & Unloading ☐ Exclude Theft

☒ Refrigeration Breakdown ☐ Hired Car Cargo

☐ Earned Freight ☐ Additional Insured Endorsement (Lessee)

## Filings (complete if filings are being requested)

33. ☐ Yes ☐ No Is an FHWA filing required? If yes, MC number \_\_\_\_\_  
What authority do you have? ☐ Broker ☐ Common ☐ Contract
34. If you hold a broker's license, identify name filed with FHWA, FHWA docket number, and receipts from brokerage operations \_\_\_\_\_
35. If you are an interstate regulated carrier, identify your registration or base state \_\_\_\_\_
36. ☐ Yes ☐ No Is an intrastate filing needed? If yes, show state and permit number \_\_\_\_\_
37. List states for which cargo filings are required (check name on permits) \_\_\_\_\_
38. Show exact name and address in which permits are issued \_\_\_\_\_
39. ☐ Yes ☐ No Is MCS 90 endorsement needed?
40. ☐ Yes ☐ No Is our policy to cover all vehicles owned, operated or under lease to applicant?  
If no, explain \_\_\_\_\_
41. ☐ Yes ☐ No Are oversize/overweight commodities hauled? If filing required, show states \_\_\_\_\_
42. ☐ Yes ☐ No Are escort vehicles towed on return trips?
43. ☐ Yes ☐ No Does your authority allow for transportation of hazardous commodities?
44. ☐ Yes ☐ No Do you allow others to haul hazardous commodities under your authority?
45. ☐ Yes ☐ No Do you enter Canada? If yes, where? \_\_\_\_\_
46. ☐ Yes ☐ No Do you enter Mexico? If yes, where? \_\_\_\_\_
47. ☐ Yes ☐ No Have you ever changed your operating name? If yes, explain \_\_\_\_\_
48. ☐ Yes ☐ No Do you operate under any other name? If yes, explain \_\_\_\_\_
49. ☐ Yes ☐ No Do you operate as a subsidiary of another company? If yes, explain \_\_\_\_\_
50. ☐ Yes ☐ No Do you own or manage any other transportation operations that are not covered?  
If yes, explain \_\_\_\_\_
51. ☐ Yes ☐ No Do you lease your authority? If yes, explain \_\_\_\_\_
52. ☐ Yes ☐ No Do you appoint agents or hire independent contractors to operate on your behalf?  
If yes, explain \_\_\_\_\_
53. ☐ Yes ☐ No Do you have agreements with other carriers for the interchange of equipment or transportation of loads?  
If yes, attach a copy of the current agreement and complete the following:  
With whom has such agreement(s) been made? \_\_\_\_\_
54. ☐ Yes ☐ No Do the parties named above carry automobile liability insurance?  
If yes, name of insurance company and limits of liability \_\_\_\_\_  
Under whose permit does each of the parties to the agreement(s) operate? \_\_\_\_\_
55. ☐ Yes ☐ No Is there a Hold Harmless in the agreement?
56. ☐ Yes ☐ No Do you barter, hire or lease any vehicles? If yes, explain \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Dan L Rapley Sr

Quote #: 7599254

M-5638 (08/2011)

**II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE**

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000 / \$50,000 / \$25,000	\$63
\$30,000/ \$60,000/ \$25,000	\$67
\$50,000/ \$100,000/ \$25,000	\$84
\$50,000/ \$100,000/ \$50,000	\$86

Your Policy's Liability Coverage Limits:

\$1,000,000 CSL

\$242

☐ I reject additional Uninsured Motorist Coverage☒ I select additional Uninsured Motorist Coverage at the following limits: \$100,000 CSL**III. OFFER OF UNDERINSURED MOTORIST COVERAGE**

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000 / \$50,000 / \$25,000	\$63
\$30,000/ \$60,000/ \$25,000	\$67
\$50,000/ \$100,000/ \$25,000	\$84
\$50,000/ \$100,000/ \$50,000	\$86

Your Policy's Liability Coverage Limits:

\$1,000,000 CSL

\$242

☐ I reject additional Underinsured Motorist Coverage☒ I select additional Underinsured Motorist Coverage at the following limits: \$100,000 CSL**IV. APPLICANT'S ACKNOWLEDGEMENT**

By my signature, I acknowledge that I have read – or I have had read to me – the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

Type or Print Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Your Address: \_\_\_\_\_

**MUST BE SIGNED BY THE APPLICANT PERSONALLY**

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Federal Highway Administration requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

☐ Yes ☐ No Will premium be financed? If yes, with whom \_\_\_\_\_

**THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Insured Contact Information**

Name Dan L Rapley

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship Owner

Relationship \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE**

☐ Yes ☐ No Is this direct business to your office? If not, explain \_\_\_\_\_

☐ Yes ☐ No Is this new business to your office? If not, how long have you had the account? \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

**REQUEST TO COMPANY GENERAL AGENT:**

☐ Please quote ☐ Please bind at earliest possible date and issue policy

☐ Please issue policy effective \_\_\_\_\_ Coverage was bound by \_\_\_\_\_

(Time and Date Bound by General Agent)

(Name of Person in Company General  
Agency's Office Binding Coverage)

\_\_\_\_\_  
Applicant's Representative's Name and Address

\_\_\_\_\_  
Phone No.



Johnson & Johnson  
Preferred Financing

# JOHNSON & JOHNSON PREFERRED FINANCING, INC.

## PREMIUM FINANCE SECURITY AGREEMENT

Physical Address 200 Wingo Way, Ste 200, Mt Pleasant SC 29464 --- Mailing address PO Box 26009, Greensboro NC 27420

Phone: 800-868-5573

Fax: 843-724-7085

**FOR PROCESSING**  
**MAIL TO:**  
**PO BOX 26009**  
**GREENSBORO NC 27420**  
**Fax:**  
**843-724-7085**  
**Email:**  
**finance@jjpf.com**

<b>AGENT/BROKER</b> DAVID A CROTTS & ASSOCIATES INSURANCE 422 MONTAGUE AVE STE 7 GREENWOOD, SC 29649 (864) 223-8788		<b>BORROWER</b> DAN L RAPLEY SR 17 S GREENWOOD AVE WARE SHOALS, SC 29692	
Producer Code 800172			
<b>A.</b>	<b>TOTAL PREMIUM</b> \$9,444.00	<b>G. Non Refundable Set Up Fee \$20.00</b>	
<b>B.</b>	<b>DOWN PAYMENT</b> \$2,361.00	<b>PAYMENT SCHEDULE</b>	
<b>C.</b>	<b>AMOUNT FINANCED</b> \$7,083.00	<b>NUMBER OF INSTALLMENTS</b> 10	<b>AMOUNT OF EACH INSTALLMENT</b> \$748.17
<b>D.</b>	<b>FINANCE CHARGE</b> Total of Box F plus Box G \$398.70	<b>WHEN PAYMENTS ARE DUE</b>	
<b>E.</b>	<b>TOTAL OF PAYMENTS</b> The amount you will have paid after you make all payments as scheduled. (C + D) \$7,481.70	<b>FIRST INSTALLMENT DUE</b> 3/21/2018	<b>INSTALLMENT DUE DATES</b> 21st
<b>F.</b>	<b>APR</b> Cost of finance charge at a yearly rate inc setup fee 12.0993%	<b>SCHEDULE OF POLICIES</b>	
		<b>POLICY NUMBER</b> 977983	<b>POLICY EFFECTIVE DATE</b> 2/21/2018
		<b>INSURANCE COMPANY AND MANAGING GENERAL AGENT</b> Johnson & Johnson Inc	
		<b>TYPE OF COVERAGE</b> Commercial Package	<b>POLICY TERM (months)</b> 12
		<b>GROSS PREMIUM</b> \$9,444.00	
		<b>FIN TXS/FEES</b> \$0.00	
		<b>ERN TXS/FEES</b> \$0.00	
		<b>FIN TXS/FEES</b> \$0.00	
		<b>ERN TXS/FEES</b> \$0.00	
		<b>TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE &gt;&gt;&gt;&gt;</b> \$9,444.00	
		<b>SEE PAGE 3 FOR ADDITIONAL PREMIUMS &gt;&gt;&gt;&gt;</b>	
<b>Quote Number: 2780953</b>		<b>JJPF LICENSE NUMBER: 101563</b>	

### TO THE BORROWER:

If you sign below, you acknowledge receipt of a copy of this Agreement and you agree to the provisions, BOTH ON THE FIRST AND THE SECOND PAGE OF THIS AGREEMENT. You further agree that you are appointing LENDER your ATTORNEY-IN-FACT to cancel the policies outlined in the Agreement. You further agree that electronic or digital transmissions of this document including but not limited to facsimile transmissions shall be legally binding.

IF FOR ANY REASON YOU DO NOT RECEIVE YOUR PAYMENT COUPONS OR INVOICE FOR INSTALLMENTS DUE, YOU MUST STILL MAKE YOUR PAYMENTS ON THE ABOVE DUE DATE TO THE ABOVE ADDRESS. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I SHALL BE BOUND FINANCIALLY TO THE TERM AND CONDITIONS OF THE CONTRACT.

X

SIGNATURE OF BORROWER(S) OR DULY AUTHORIZED BORROWER(S)

DATE

PRINTED NAME

BORROWERS PHONE NUMBER

### PRODUCERS WARRANTIES AND REPRESENTATIONS:

#### THE UNDERSIGNED WARRANTS AND GUARANTEES:

(1) The Borrower has received a copy of this Agreement, and the Required Federal Truth-In-Lending disclosures for Personal Lines Insurance, if applicable, (2) The policies herein are in full force and effect and the information in the schedule of policies and the premiums are correct, (3) The Borrower has authorized this transaction and recognizes the security interest assigned herein, (4) The Down Payment shown above has been paid by or on behalf of the Borrower, and the Total Premium shown above has been or will be used to purchase insurance policies shown in the Schedule of Policies. (5) There are no exceptions to the policies other than those indicated and the policies comply with LENDER's eligibility requirements. (6) NO AUDIT OR REPORTING FORM POLICIES, POLICIES SUBJECT TO RETROSPECTIVE RATING OR TO MINIMUM EARNED PREMIUMS ARE INCLUDED EXCEPT AS INDICATED AND THAT THE DEPOSIT OR PROVISIONAL PREMIUMS ARE NOT LESS THAN THE ANTICIPATED PREMIUMS TO BE EARNED FOR THE FULL TERM OF THE POLICIES, IF POLICY IS SUBJECT TO A MINIMUM EARNED PREMIUM IT IS \_\_\_\_\_. (7) The policies can be cancelled by the Borrower of the company on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated. Upon cancellation of any of the Scheduled Policies, Producer shall remit to LENDER the full amount of the unearned premium, including unearned commission as well as any other payments or credits received by Producer, up to the unpaid balance due under this Agreement, within 15 days of receipt. (8) The undersigned represents that a proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the named Borrower or if the named Borrower is the subject of such a proceeding, it is noted on this Agreement in the space in which the Borrower's name and address is placed.

X

SIGNATURE OF AGENT OR BROKER

DATE

PRINTED NAME

## PROVISIONS OF YOUR SECURITY AGREEMENT

1. **PROMISE OF REPAYMENT:** The borrower request LENDER to pay the premiums on the policies shown on the reverse. The Borrower promises to pay to LENDER at its office the amount stated in Block E above, according to the Payment Schedule shown on the reverse, subject the rest of the terms of this Security Agreement.
2. **SECURITY INTEREST:** The Borrower assigns to LENDER as security for the total amount payable in this Agreement any and all unearned premiums and dividends which may become payable under the insurance policies and loss payments which reduce the unearned premiums, subject to any mortgagee or loss payee interests. The Borrower gives to LENDER a security interest in all items mentioned in this paragraph.
3. **DEFAULT CHARGES:** Borrower agrees that if any installment is more than 5 days past due, or minimum number of days premitted by state law, it will pay to LENDER a delinquency charge in an amount up to the maximum permitted by applicable state law. Borrower agrees if default results in cancellation to pay the maximum allowable cancellation charge allowed by applicable state law.
4. **FINANCE CHARGES:** The finance charge, show in Box "D" on the front side of this Agreement, begins to accrue on the earliest possible date allowed by applicable state law and continues until all funds are paid in full. Refer to box F plus box G on the security agreement for total.
5. **WARRANTY OF ACCURACY:** The borrower warrants to LENDER that the insurance policies listed in the above schedule have been issued to the borrower and are in full force and effect and that the borrower has not assigned any interest in the policies except for the interest of mortgagees and loss payees.
6. **REPRESENTATION OF SOLVENCY:** The Borrower represents that it is not insolvent or presently the subject of any insolvency proceeding.
7. **CANCELLATION:** LENDER may cancel the insurance policies and the unpaid balances due to LENDER shall be immediately payable by the Borrower if any of the following occur; (a) The Borrower does not pay any installment according to the terms of this Agreement; (b) The borrower does not comply with any of the terms of this Agreement; (c) The Borrower or the Insurer voluntarily or involuntarily becomes the subject of a bankruptcy, receivership or any other kind of insolvency proceeding; (d) If the Borrower is a business and stops doing business or ceases to be qualified to do business. LENDER at its option may enforce payment of this debt without recourse to the security given to LENDER.
8. **POWER OF ATTORNEY - LIMIT OF LIABILITY:** The Borrower irrevocably appoints LENDER, or its successors or assigns, its Attorney-in-Fact with full authority to cancel the insurance policies, or any renewal thereof; to receive all sums assigned to LENDER or in which it has granted LENDER a security interest and LENDER may execute and deliver on the Borrower's behalf all documents, instruments of payment, forms and notices of any kind relating to the insurance policies in furtherance of this Agreement. LENDER's liability to any person or corporation on the exercise of its authority to cancel the insurance policies is limited to the amount of the principal balance, except if LENDER willfully fails to deliver the notices required by law. When LENDER effects cancellation in accordance with state law, the Borrower will be responsible for attorney's fees and other cost in any unsuccessful action filed as a result thereof to the extent permitted by applicable state law.
9. **MONEY RECEIVED AFTER NOTICE OF CANCELLATION:** Any payment made to LENDER after LENDER's Notice of Cancellation of the Insurance policies has been delivered may be credited to the Borrower's account without affecting the acceleration of this Agreement and without any liability or obligation on the LENDER's part to request reinstatement of the canceled policies. Any money LENDER receives from an insurance company shall be credited to the amount due LENDER with any surplus being paid to whomever is entitled to the money. No refund of less than \$1.00 shall be made. If there is a balance due after LENDER receives the unearned premiums, dividends or loss payments from the insurance company then the Borrower will pay the balance to LENDER with interest at the rate show on the agreement.
10. **PREPAYMENT:** Borrower has the right to prepay the entire outstanding balance in full at any time before the due date of the final installment. Upon prepayment in full, or upon cancellation and full payment to LENDER, Borrower will be entitled to receive a refund of the Finance Charge to be computed by the Rule of 78's ("Sum of the Years Digits") method, or as required or permitted by the applicable law, after deducting any fully earned charge permitted by law. If cancellation occurs, the Borrower agrees to pay a Finance Charge on the balance due at the rate on the reverse side of this Agreement until it is paid in full, or until such other date as is required by applicable state law. Borrower agrees to pay LENDER reasonable attorney's fees and collection cost under the terms and condition hereof and to the extent and amount permitted by applicable state law.
11. **INSURANCE AGENT OR BROKER:** The insurance agent or broker named on this Agreement is the Borrower's agent, not LENDER's and LENDER is not legally bound by anything the agent or broker represents to the Borrower, orally or in writing.
12. **SPECIAL INSURANCE POLICIES:** If the insurance policy issued to the borrower is auditable or is a reporting form policy or subject to retrospective rating, then the Borrower promises to pay the insurance company the earned premium computed in accordance with the policy provisions which is in excess of the amount of the premium advanced by LENDER which the insurance company retains.
13. **SUCCESSORS AND ASSIGN:** All legal rights given to LENDER shall benefit LENDER's assign. The Borrower will not assign the policies without LENDER's written consent except for the interest of mortgagees and loss payees.
14. **MISSING AND INCORRECT INFORMATION:** If the policy has not been issued at the time of signing this Agreement, then the Borrower agrees the name of the insurance company, and the policy numbers of the insurance policies may be left blank and may be subsequently inserted in this Agreement. In addition, Borrower authorized LENDER or the agent or broker to correct on this Agreement at any time, if incorrect, the name of the insurance companies, the policy numbers and the installment due dates. LENDER will notify the Borrower of the corrected and/or inserted information.
15. **ADDITIONAL PREMIUMS:** The money paid by LENDER is only for the premium as determined at the time the insurance policy is issued. LENDER's payment shall not be applied by the insurance company to pay for any additional premiums owed by the insured as a result of any type of misclassification of this risk. The Borrower agrees to pay the company any additional premiums which become due for any reason. LENDER may assign to the company any rights it has against the Borrower for premiums due the company in excess of the premium returned to LENDER.
16. **AGENT'S WARRANTIES:** To convince LENDER to enter this Agreement and accept the security underlying this Agreement, the person executing this Agreement, if not the Borrower, warrants severally and as the duly authorized agent of the Borrower: that he is the duly authorized agent of the Borrower appointed specifically to enter into this transaction on the Borrower's behalf; that he can perform any act the Borrower could or should perform with respect to this transaction: that he will hold in trust for LENDER any payments made or credit to the Borrower through the undersigned or to the undersigned, directly, indirectly, actually or constructively by any of the insurance companies and that he will pay the monies to LENDER upon demand to satisfy the then outstanding indebtedness of the Borrower.
17. **ASSIGNMENT:** All of LENDER's rights under this Agreement shall inure to its successors and assign. This Agreement may not be assigned by the borrower except as provided for in this Agreement.
18. **DOCUMENT AND GOVERNING LAW:** This document is the entire Agreement between LENDER and the Borrower and can only be changed in writing and signed by both parties. The laws of the state of Borrower's residence as set forth above will govern this Agreement. If any provision of this Agreement is held to be invalid or unenforceable, the validity and enforceability of the remaining provisions shall not be impaired.
19. **SERVICE CHARGE:** The maximum service fee allowable by state regulations will be charged on all returned checks. This same fee will also be assessed if the Insured authorizes a payment from a deposit account through an electronic funds transfer or some method other than a paper check signed by the Insured, and the Insured's bank or financial institution where the deposit account is maintained refuses to honor such withdrawal or payment request because there are insufficient funds in the account.



**Johnson & Johnson Preferred Financing, Inc,**  
**Processing Address: PO Box 26009, Greensboro NC 27420-6009**  
**Phone: 800-868-5573 --- FAX: 843-724-7085 --- Email: [finance@jjpf.com](mailto:finance@jjpf.com)**

## ACCOUNT INFORMATION FORM

## SECTION 1: ACCOUNT INFO

**NAME:** DAN L RAPLEY SR

JJPf ACCT # OR CONTRACT ID: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

- **Note:** Listing your correct address and phone number on this form does not obligate you to pay your down payment electronically or set up your installments on Automatic Bill Pay – it's our way of collecting accurate data.

**SECTION 2: ELECTRONIC DOWN PAYMENT (optional)**

## ELECTRONIC DOWN PAYMENT INFORMATION

By filling out this section and returning it with your signed finance agreement to JJPF, you authorize Johnson & Johnson Preferred Financing to process your down payment from the checking /savings account information listed below. For accuracy include a copy of a voided check.

**Bank Routing Number (9 digits)** \_\_\_\_\_

**Checking/Savings Account Number:** \_\_\_\_\_

**Amount to Draft for Down Payment:** \_\_\_\_\_

Select one: INSURED'S BANK ACCOUNT AGENT'S BANK ACCOUNT

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 3: AUTOMATIC BILL PAY AUTHORIZATION (optional)**

**YES! Sign me up for free Automatic Bill Payment**

*I authorize JJPF to initiate monthly deductions (withdrawals) from my checking/savings account as payments on my account balance become due until the balance is paid in full. I authorize the financial institution on which my checking account is drawn to accept the deductions initiated by JJPF. I have the right to terminate this authorization at any time by notifying JJPF in writing.*

**Bank Routing Number (9 digits)** \_\_\_\_\_

**Checking Account Number:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

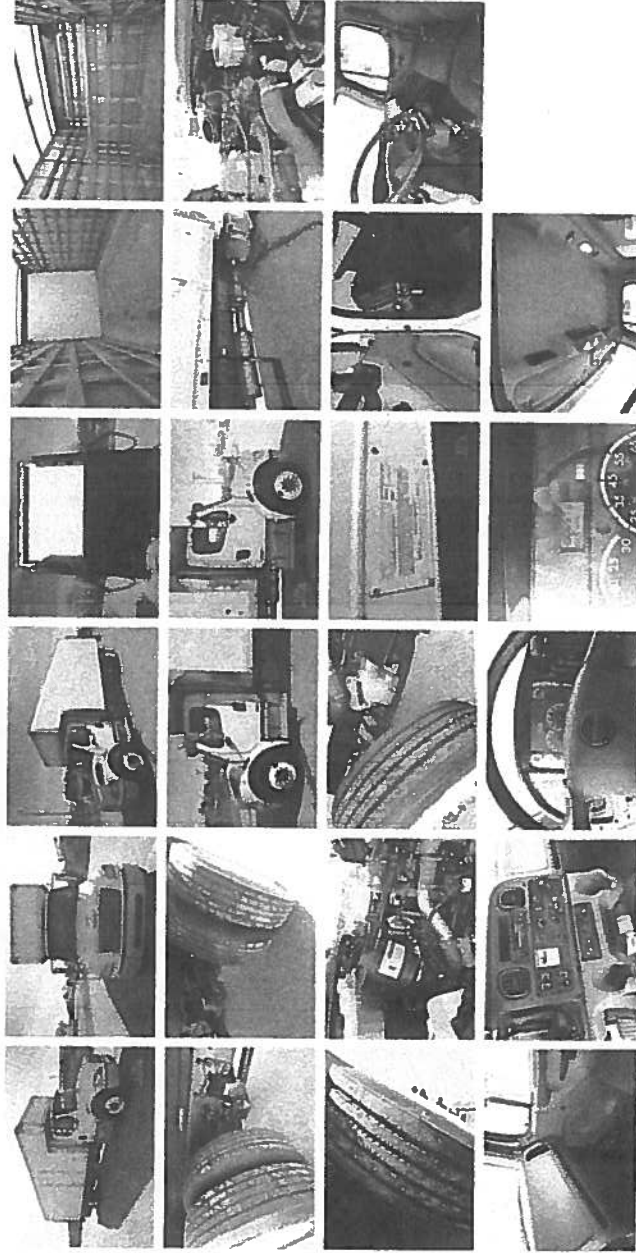
**IMPORTANT: FOR ACCURACY PLEASE ATTACH A VOIDED CHECK**

***Should you have questions, a representative of JJPF is ready to assist you! Call us at 800-868-5573***



**For Sale Price: \$33,900**

**Contact: Rusty Hill**



## Description

4400 lb Maxon liftgate, 2 rows e-track, translucent roof, HS2200 Allison

A/C Condition: Good, A/C, 4x2, Power Steering

## Specifications

<b>Quantity</b>	1	<b>Stock Number</b>	3147-7
<b>Year</b>	2012	<b>Manufacturer</b>	FREIGHTLINER
<b>Model</b>	BUSINESS CLASS M2 106	<b>Condition</b>	Used
<b>VIN</b>	1FVACWDU1CDBU6889	<b>Mileage</b>	180,557 mi
<b>Horsepower</b>	200	<b>Engine Manufacturer</b>	Cummins
<b>Engine Type</b>	ISB	<b>Fuel Type</b>	Diesel
<b>Transmission</b>	Automatic	<b>Suspension</b>	Spring
<b>Number of Rear Axles</b>	Single	<b>Color</b>	white
<b>Ratio</b>	5.13	<b>Tires</b>	22.5LP
<b>Wheels</b>	All Steel	<b>Wheelbase</b>	252 in
<b>Gross Vehicle Weight</b>	26,000 lb	<b>Drive Side</b>	Left Hand Drive
<b>Cab</b>	Standard Cab	<b>Length</b>	24 ft
<b>Width</b>	96 in	<b>Internal Height</b>	97 in
<b>Lift End Gate</b>	Yes	<b>Doors</b>	Roll up
<b>Side Doors</b>	Roadside		

**Exhibit Fit, Willing, and Able (FWA)***Dan L. Rapley Sr.*

Name

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

- ☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

- ☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

- ☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

- ☐ Yes ☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

- ☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

- ☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

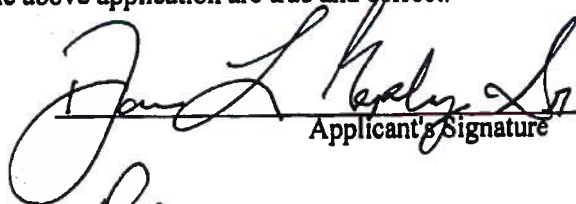
Please check the applicable box:


- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

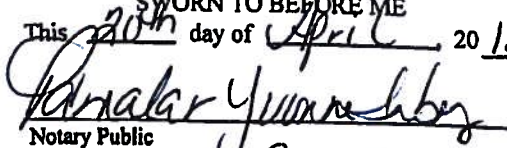
  
Applicant's Signature

  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF Sumter )

SWORN TO BEFORE ME  
This 20th day of April, 2018

  
Notary Public

Commission Expires April 7, 2027

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

*Don L. Hardy Sr.*  
Applicant's Signature

*Owner*  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Greenwood )

SWORN TO BEFORE ME  
This 13<sup>th</sup> day of February, 2018

*Heather H. Fields*  
Notary Public

Commission Expires May 23, 2024

HEATHER H. FIELDS  
Notary Public, State of South Carolina  
My Commission Expires May 23, 2024

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

DAN L. Rapley Sr.  
Applicant's Name

### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes      ☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes      ☐ Not Applicable

I, DAN L. Rapley Sr., verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME  
This 15<sup>th</sup> day of February, 20 18

Heather H. Fields  
Notary Public

Commission Expires May 23, 2024

DAN L. Rapley Sr.  
Applicant's Signature

HEATHER H. FIELDS  
Notary Public, State of South Carolina  
My Commission Expires May 23, 2024

Print Application